

**Commonwealth of Virginia**  
**Department of Rehabilitative Services**

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**SERVICE UNIT COSTS**

**Applicant:** \_\_\_\_\_

**Proposed Budget Dates:** \_\_\_\_\_ **through** \_\_\_\_\_

SERVICE UNIT COSTS	1	SERVICES						
	Revised Budget	A	B	C	D	E	F	G
1. Total Expenses ( From bottom of Form 8 )								
2. Total Expenses excluding Production								
3. Percent of Total Expense excluding Prod. ( 2A ÷ 2total exp., 2B ÷ 2total exp., etc. )								
4. Total Revenue ( From Form 7a, Column 3 )								
5. Total Restrictd Rev. ( From Form 8, top, Cols. A-E )								
6. Total Unrestricted Revenue ( Line 4 minus Line 5 )								
7. Distribution of Unrestricted Revenue ( Line 3, columns A, B, etc. times Line 6, Col. 1 )								
8.Total Revenue Distribution ( 7A+5A, 7B+5B, etc. )								
9. Net Expense ( Line 1 minus Line 8 )								
10. Units of Service ( from Form 3, #9 )								
11.Computed Unit Cost ( line 9, column A, B, etc. divided by Line 10, column A, B, etc.)								
12.Rate requested by applicant								
13. Current Rate								
14. Percent Change								

**\*\*Should any service show a negative expense, add only the amount of revenue to bring this service cost to zero and redistribute the remaining revenue in proportion to each of the other services' costs.**

If more columns are needed, use another Form 9 and relabel the columns F, G, H, etc. to correspond to the correct services shown on Form